

Warm Line (302) 513-0929 M-F 8AM – 5PM

Connecting the Docs!



Delaware
Child Psychiatry
Access Program

DCPAP | JUNE | 2020

No Vacation for DCPAP Consultation – Every Weekday 8AM-5PM!

Registered Prescribers Have Question About a Patient <21

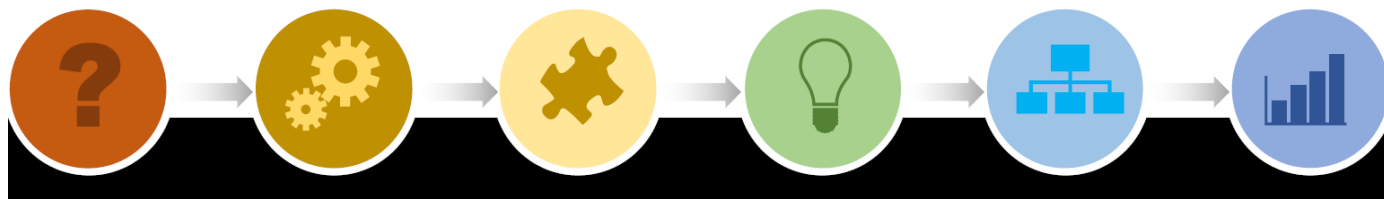
Connect with DCPAP Text/Call (302) 513-0929 M-F 8AM – 5PM

Share a Few Pieces of the Puzzle: Gender, Year of Birth, Presenting Issue(s) & Screenings Completed

Request Sent to Consulting Psychiatrist who Responds with Ideas to Treat

Behavioral Health Coordinator can Connect you with Resource Options

DCPAP Tracks Requests to Identify Future Training Needs



Contact DCPAP Warm Line Every Weekday Except Christmas

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June is PTSD Awareness month. It aims to raise awareness of posttraumatic stress disorder, a mental health problem that may develop after exposure to one or more traumatic events. Providers should recognize that events occurring over the last few months may have placed undue stressors on patients, their families & themselves. Be mindful, check in with patients and families and screen as appropriate. Child Trauma Screen (CTS) at <https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/>



ADHD Virtual Training



DCPAP virtual training went live this month! Mark Borer, MD, DLFAPA, DFAACAP Board Certified Adolescent and Child Psychiatrist is hosting a 2 part sessions: **ADHD With an Eye On COVID-19** covering screening, diagnosis, medication management and treatment planning. The **June 18th and June 25th sessions** will last for 1 hour, including both didactic presentation with sample case query and consultation. Register with DSCYF_DCPAP@delaware.gov to participate.



ADHD “Clinical Pearls” for Primary Care Providers from MCPAP



I. CLINICAL HISTORY

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Multi-informant assessment: gather history from youth, parent/guardian, others who know youth well as indicated	Pearl: Disruptive behavior screening forms (i.e., Vanderbilt) should be completed and reviewed prior to clinical visit. Notes and school reports cards can have helpful information (review behavioral comment section).
<input type="checkbox"/> Collaborate with and gather collateral information from school	
<input type="checkbox"/> Assess current functioning in different areas (family, peers, school, community)	Pearl: Usually ADHD affects youth across areas of their life; if youth is functioning highly in some areas but is compromised in one area, consider other explanations apart from ADHD
<input type="checkbox"/> Assess for acute stressors of life events/trauma which may be contributing to presentation	Pearl: Stressors can become important targets for intervention via psychoeducation or psychotherapy. Understanding acting out as child communication of distress can be help parents re-structure their interventions.
<input type="checkbox"/> Assess for history of clinically significant trauma experiences	Pearl: History of current or remote trauma may increase complexity of assessment and treatment planning; consider MCPAP consultation or referral to specialty care.
<input type="checkbox"/> Assess for developmental progress and history of early milestone delays	Pearl: Prior history of language delay; consider speech and hearing assessment
<input type="checkbox"/> Assess for delay in learning progress concerns	Pearl: Educational assessment and assessment of learning disorders through the school or psychological testing can clarify possible co-morbidity.
<input type="checkbox"/> Assess for presence of substance use and abuse	Pearl: History of active substance abuse or dependence may complicate assessment and treatment planning; consider MCPAP consultation or referral to more specialized care.
<input type="checkbox"/> Assess for typical day from waking, meals, afterschool, bedtime transition	Pearl: Provide parental guidance around specific parenting challenges, and begin to provide a framework for parent to think about enhancing structure.
<input type="checkbox"/> Assess for current or previous parental behavioral efforts	Pearl: Target parental guidance, role of positive parenting and encouragement, empowering parenting vs discipline
<input type="checkbox"/> Assess for current or previous mental health providers	Pearl: Collaboration and information sharing with current mental health providers is essential to quality care.
<input type="checkbox"/> Assessing sleep	Pearl: Assess sleep onset, quality, independent sleep. Provide guidance about recommended sleep amount based on age.
<input type="checkbox"/> Assessing screen time use	Pearl: Understand screen time amount and use, utilize AAP Tools, AAP Family Media Plan www.healthychildren.org/English/media/Pages/default.aspx
<input type="checkbox"/> Review longitudinal history (age of onset of symptoms, duration, evolution of symptoms across development)	Pearl: ADHD symptoms ordinarily begin in early childhood. Hyperactivity usually wanes in adolescence. For late onset presentations, in the absence of retrospective parental verification of early onset symptoms, consider alternative explanations and consider MCPAP consultation.
<input type="checkbox"/> Assess for psychiatric co-morbidity	Pearl: Anxiety and Depression symptoms can include loss of attention and decrease in sustained concentration. Oppositional Defiant Disorder, DMDD, and Bipolar Disorder are characterized by emotional dysregulation and symptoms of inattention, impulsivity, and disruptive behavior. If co-morbidity is suspected or identified medication treatment is likely complex and MCPAP guidance is recommended to assist with further assessment and treatment planning.

II. MENTAL STATUS EXAMINATION

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Behavior observation – assessment of level of energy, distractibility, attention	Pearl: Observation of the patient in the waiting room and the impression of front desk staff can be valuable adjuncts to assessment as some children will be very shy and reserved in the office.
<input type="checkbox"/> Parent-child/sibling interaction observation	Pearl: Children with ADHD may be assigned the “problem child role” in the family and held disproportionately responsible for conflicts in family.
<input type="checkbox"/> Interview with child	Pearl: Games or drawing tasks help with establishing a rapport with the child and assessing fine motor skills.
<input type="checkbox"/> Interview with teen	Pearl: Inquire about ADHD symptom experience and ask about how long a teen can read; retention and comprehension is helpful to understand inattention.

III. MEDICAL WORKUP

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Perform general standard medical assessment	Pearl: General medical assessment is part of good medical care for youth; soft signs like mild incoordination and poor fine motor skills are noted to be associated.
<input type="checkbox"/> Assessment of medical conditions that can present with ADHD symptoms (i.e., Lead poisoning, environmental allergies, hyperthyroid)	Pearl: Identification and intervention for general medical problems are part of good care.

ADHD Resource Spotlight:



www.mcpap.com/pdf/ADHDPearls.12.05.18.pdf

<https://www.mcpap.com/Provider/ADHD.aspx#ClinicalGuidelines>

<https://www.mcpap.com/Provider/ADHD.aspx#ParentsInfNHandouts>

DSCYF Access Unit 1-800-722-7710

www.mentalhealthde.com

DSCYF Intake General@delaware.gov

helpisherede.com

<http://www.chadd.org/Understanding-ADHD/Parents-Caregivers-of-Children-with-ADHD/Evaluation-and-Treatment/Evaluation-and-Assessment-Tools.aspx>

www.addwarehouse.com/shopsite_sc/store/html/product52.html

www.fmpe.org/en/documents/appendix/

add.org/adhd-resources

www.additudemag.com/resources

www.aacap.org/.../ADHD_Resource_Center/Home.aspx

[https://chadd.org/](http://chadd.org/)

**Contact MCPAP
for Mental Health
Consultation**



**Save our number
into your phone for
easy contact!**

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ADHD & COVID-19:



<input type="checkbox"/> Assessment of medical treatments that can present with inattention symptoms as untoward reactions (i.e., Antihistamines, steroids)	Pearl: Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning; consider MCPAP phone consultation to discuss complex situations.
<input type="checkbox"/> Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	Pearl: Identification of medical conditions that could impact stimulant treatment (i.e., malnutrition, anorexia nervosa, cardiac conditions) or medications with significant drug-drug interaction potential; consider MCPAP phone consultation for complicated situations.

IV. DIFFERENTIAL DIAGNOSIS

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Adjustment reactions to acute stressors (symptoms clearly correlated to recent and likely time-limited negative life event)	Pearl: Adjustment reactions rarely or ever require pharmacological intervention; consider general health education, health maintenance strategies, or referral for psychotherapy as first-line intervention. Consider MCPAP phone consultation for complex situations.
<input type="checkbox"/> Bipolar Disorders	Pearl: Bipolar disorders in youth can be complicated in terms of assessment; consider MCPAP phone or face-to-face consultation prior to initiating treatment if the youth is presenting with signs of bipolar disorder such as grandiosity or fluctuating energy level.
<input type="checkbox"/> Disruptive Mood Dysregulation Disorder (DMDD)	Pearl: Patients with chronic irritability, negativity, and explosive behavior should be considered for DMDD; consider MCPAP consultation.
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	Pearl: Patients with ASD may present with hyperactivity and/or inattention, which may represent either comorbid ADHD or may be related to core symptoms of ASD; consider MCPAP consultation.

V. TREATMENT PLANNING

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Present to family results of diagnostic evaluation and recommendations regarding the need for treatment	Pearl: Consult with MCPAP phone consultation as needed regarding developing an appropriate treatment plan.
<input type="checkbox"/> Using MCPAP algorithm, discuss with family recommended treatment plan	Pearl: Family preferences regarding treatment choices can be taken into account along with many other factors in determining initial treatment plan in many situations; consider MCPAP phone or face-to-face consultation for complicated situations.
<input type="checkbox"/> Ascertain family preferences regarding treatment plan	Pearl: Family preferences regarding treatment choices can be taken into account along with many other factors in determining initial treatment plan in many situations; consider MCPAP phone consultation or face-to-face consultation for complicated situations.
<input type="checkbox"/> With medication treatment	Pearl: Consult with MCPAP CAP as needed regarding any concerns about informed consent as it applies to treatment planning.
<input type="checkbox"/> MCPAP currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with ADHD.	Pearl: Pharmacogenetic testing is considered experimental and is not incorporated at this time into any standard practice guidelines for youth with ADHD. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider phone consultation with MCPAP CAP to discuss further as warranted.

VI. MEDICAL MONITORING

Recommended Procedure	Clinical Pearls
<input type="checkbox"/> Initiation: <ul style="list-style-type: none"> Goal is to find optimal treatment dose and help family develop a workable treatment schedule while monitoring and problem-solving side effect challenges 	Pearl: Initial follow up in two weeks to review side effect and treatment dosing. Continue with two-week follow-up until an effective dose is established without the overburden of side effect challenges. Problem solve with parents around medication timing.
<input type="checkbox"/> Maintenance: <ul style="list-style-type: none"> Providing ongoing monitoring and parental guidance especially for social skills, discipline, enrichment, supervision, and academic progress 	Pearl: Follow up every three months (quarter). Monitor weight and growth. Address seasonal and school schedule changes; adjust dosing and medication timing as needed. Provide parental anticipatory guidance. Consider referral to social skills programs or Individual Therapy if adjustment challenges go beyond the scope of parental guidance.
<input type="checkbox"/> Cardiac Assessment <ul style="list-style-type: none"> Physical exam, cardiac exam, vital signs, and review of patient and family cardiac history 	Pearl: Findings on exam or family or patient history of dizziness, syncope episodes, palpitations, prior cardiac surgery/intervention, or arrhythmias warrant further cardiology assessment and clearance. Routine EKG is not necessary for initiation or monitoring of stimulant medication.
<input type="checkbox"/> Discontinuation <ul style="list-style-type: none"> Teens and parents at times will want to consider discontinuation. Some children will mature out of ADHD; it is sufficient to discontinue medication treatment. 	Pearl: Provide psychoeducation around the risks of treatment discontinuation and increase in risk behavior. Take a collaborative, experiment approach with termination. Consider more flexible dosing schedules. Explore concerns and consider alternative ADHD treatments which may be better fit.

Families everywhere are struggling to care for and home-school children cut off from their normal routines and activities during the coronavirus crisis. Even with reopening measures across the state, the opportunities for social contact, summer camp, early education and the outlook for education programs in the fall are still uncertain.

Children with **ADHD** (regardless of type) may need extra structure and support to manage attention, hyperactivity, behavioral challenges, reduce any related anxiety and keep on track with learning and expected everyday home routines.

It is important during this time for families to take advantage of telehealth for maintenance of clinical services and medication management of ADHD.

Recommend taking the following steps to set a child and family up for success:

- Set Structure
- Build In Active Time
- Establish Bedtime Routine
- Maintain Medication Schedule
- Be Flexible
- Stay Calm

Join us on Thursday, June 18th & Thursday, June 25th for our virtual training at 12:30 PM: ADHD With an Eye on COVID-19



CORE II – Early Psychosis Prevention

Under a 2018 to 2022 grant award, from the Substance Abuse and Mental Health Services Administration (SAMHSA), Delaware's Division of Prevention and Behavioral Health Services (DPBHS) and the Division of Substance Abuse and Mental Health (DSAMH) have launched a cutting edge program for preventing the development of schizophreniform and schizophrenia disorders. This funded program uses a service model that has been successful in the treatment of some physical health disorders (e.g. Heart disease, Cancer). This Coordinated Speciality Care uses a team approach to bring together the perceptions of different professionals during a weekly case review where services are selected and tailored to the need of individual participants. Those interested in referring cases can call **1-888-284-6030**. Eligibility requires residency in New Castle County or attendance at an NCC college or university and all participants must be between the ages of 12 – 25. See **delaware-core.com** for more information or to contact the program. Trainings around the identification and prevent on developing psychosis are available upon request.



DCPAP Advisory Council Update

DCPAP's Advisory Council met virtually on June 12th, welcoming new members, Sydney Garlick, Behavioral Health Coordinator with the Lt. Governor's Office, Desiree Surplus plus Debra Strunk-Ross with ACME Markets Pharmacy Department, and Dr. Cathy Zorc of Nemours, St. Francis Clinic. DCPAP offered project updates around outreach, registration, social marketing, curbside consultations, training, evaluation and sustainability. Council recommendations for program use and enhancement rounded out the session.



DCPAP Administration – Who's Who?

DCPAP's Project Director is Richard Margolis MD, a board certified child psychiatrist and Medical Director of the Delaware Children's Department's Division of Prevention and Behavioral Health Services. Dr. Margolis is grateful to have this opportunity to support primary care practitioner colleagues through our telehealth consultation grant.

Joe Hughes is a former employee of the state of Delaware having served most of his 25 years with the Dept. of Health and Social Services, for the Division of Public Health and the Division of Substance Abuse and Mental Health. He holds a bachelor's degree in Psychology and an MBA with a concentration in Healthcare Administration plus a Graduate Certificate in Program Evaluation. Joe has managed federal grants and government projects for more than eighteen years, combined with experience in government procurement. Rich and Joe are so pleased to administrate DCPAP services and support providers in DE!

Richard Margolis, MD, Project Director richard.margolis@delaware.gov

Joseph Hughes, MBA, Project Manager joseph.a.hughes@delaware.gov

Mindy Webb, LCSW, Behavioral Health Care Coordinator mindy.webb@delaware.gov

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Email the DCPAP Team:
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